Department of Labor and Industries Employer Services PO Box 44168 Olympia WA 98504-4168



MECHANIZED LOGGING

SUPPLEMENTAL QUARTERLY REPORT

SUBMIT WITH QUARTERLY REPORT OR FAX TO 360 902-5399 INCLUDE R				EQUIRED INFORMATION IF SUBSTITUTING FORM			
BUSINESS NAME			ACC	COUNT ID)		YEAR
							20
PHONE		UBI#		QUARTER (check one)			
						2 3	4
NAME	SS#	EQUIPMENT				WAGES	HOURS
TOTAL 5005 HOURS FOR QUARTER:							

ATTACH ADDITIONAL SHEETS AS REQUIRED